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Hawkesbury, ON  
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**D3914-041**  
**Job Sheet 184501**



Part No: D3914-041

Job Qty: 1 ea

Part Name: Long Basket Lid Assembly (350)



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 10/10/18

Job Tracking No:

Due Date: 11/9/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG D4020 REV A SHEET 2, D3914 REV D SHEETS 1,2,3 IPP Rev:A new issue DD 10.03.19 verified by:EC  
IPP Rev:B as per dwg revB DD 10.08.18 verified by:EC IPP Rev:C 13.03.14 AS PER DWG REV.pc1 DD  
VERF:JLM IPP REV:D 13.06.21 DWG REV.C DD VERF:JFS

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 90    | Start up Operation | 1 Ea  | 11/9/18    | 11/9/18  | 0.00      | 0.00    | Start Up Large Fab-5  |           |          |
| 100   | Large Fab          | 1 pcs | 11/9/18    | 11/9/18  | 0.00      | 6.67    | Large Fab 1           |           |          |
| 110   | QC                 | 1 pcs | 11/9/18    | 11/9/18  | 0.00      | 0.00    | QC9                   |           |          |
| 120   | QC                 | 1 pcs | 11/9/18    | 11/9/18  | 0.00      | 0.00    | QC5                   |           |          |
| 130   | Powdercoat         | 1 pcs | 11/9/18    | 11/9/18  | 0.00      | 0.40    | Powdercoat4           |           |          |
| 135   | QC                 | 1 pcs | 11/9/18    | 11/9/18  | 0.00      | 0.00    | QC3                   |           |          |
| 140   | HandFinish         | 1 pcs | 11/9/18    | 11/9/18  | 0.00      | 0.80    | HandFinish3           |           |          |
| 150   | QC                 | 1 pcs | 11/9/18    | 11/9/18  | 0.00      | 0.00    | QC3                   |           |          |
| 160   | Packaging          | 1 pcs | 11/9/18    | 11/9/18  | 0.00      | 0.00    | Packaging3-2          |           |          |
| 170   | QC21-SA            | 1 Ea  | 11/9/18    | 11/9/18  | 0.00      | 0.00    | QC21                  |           |          |

Part Op 100 - 1- assemble ribs , weld as per dwg D3914 using DT9607A 2- weld hinge (3) and Mounting brackets as per dwg  
Descriptions: D3914 \*\*\*Visual inspect before welding mesh\*\*\* 3- tack weld mesh on basket as per dwg D3914 \*\*\*Cut out mesh where  
label plate goes in center off basket lid as per dwg D4020-5. Make sure to place mesh correctly on lid, check with label  
plate before tacking mesh\*\*\*

130 - \*\*\* mask sides of hinge prior to powdercoat\*\*\*

140 - 1- Mask data plate and apply wing walk on outside surface of mesh as per dwg 2- Install label as per dwg \*\*\*Mask  
label plate to size of label, use scotchbrite red pad to lightly sand area for label, apply label\*\*\*

M 138839

START: 10:10

OUT: 3:20 FINISH: 10:40.

### Job BOM

| Part / Item | Component Name                     | Quantity    | Operation             | Container |
|-------------|------------------------------------|-------------|-----------------------|-----------|
| D2581       | Mounting Bracket                   | 2 Ea (2 ea) | 90-Start up Operation | 5105222   |
| D3914-1     | Rib                                | 2 Ea (2 ea) | 90-Start up Operation | 5116508   |
| D3914-7     | Rib                                | 2 Ea (2 ea) | 90-Start up Operation | 5115924   |
| D4016-3     | Hinge Half, Lid                    | 3 Ea (3 ea) | 90-Start up Operation | 5110937   |
| D4018-5     | Rib                                | 9 Ea (9 ea) | 90-Start up Operation | 5115926   |
| D4020-5     | Mesh (350 Basket Long, Lid)        | 1 Ea (1 ea) | 90-Start up Operation | 5113739   |
| D4021-3     | Data Plate                         | 1 Ea (1 ea) | 90-Start up Operation | 5114284   |
| D4035-043   | Lid Rib Assembly, Aft (350 Basket) | 2 Ea (2 ea) | 90-Start up Operation | 5114841   |

### Job Allocations

| Operation | Component Part | Required | Inventory | Allocated |
|-----------|----------------|----------|-----------|-----------|
|-----------|----------------|----------|-----------|-----------|





DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |  |                                                                                                                                                                                                                                                                                               |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br>Skid-tube <input type="checkbox"/> Cross tube <input type="checkbox"/> Water Jet <input type="checkbox"/> Engineering <input type="checkbox"/><br>Machining <input type="checkbox"/> Small Fab <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Quality <input type="checkbox"/><br>Thermoforming <input type="checkbox"/> Finishing <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Other <input type="checkbox"/><br>Large Fab <input type="checkbox"/> Composite <input type="checkbox"/> Supplier <input type="checkbox"/> |                                               |  |  |                                                                                                                                                                                                                                                                                               |  |
| Date : _____                                                 |                                                | Step #: _____                                                                                                                                                                      |                                                            | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  | <b>MRB (QSI042) Approval</b><br><br><br><br><br><br><br><br><br><br><br><b>Completed By</b><br><br><br><br><br><br><br><br><br><br><br><b>Lead hand / Supervisor</b><br><b>Approval Verification</b><br><br><br><br><br><br><br><br><br><br><br><b>QC / QA Coordinator</b><br><b>Approval</b> |  |
| <b>Description Work Order Deviation</b>                      |                                                |                                                                                                                                                                                    |                                                            | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |  |  |                                                                                                                                                                                                                                                                                               |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |  |                                                                                                                                                                                                                                                                                               |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |  |                                                                                                                                                                                                                                                                                               |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |  |                                                                                                                                                                                                                                                                                               |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Positioned Wrong <input type="checkbox"/>     |  |  |                                                                                                                                                                                                                                                                                               |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Outside Dimensions <input type="checkbox"/>   |  |  |                                                                                                                                                                                                                                                                                               |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Over/Under tolerance <input type="checkbox"/> |  |  |                                                                                                                                                                                                                                                                                               |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Part Incorrect <input type="checkbox"/>       |  |  |                                                                                                                                                                                                                                                                                               |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Part Lost/Missing <input type="checkbox"/>    |  |  |                                                                                                                                                                                                                                                                                               |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Part Moved <input type="checkbox"/>           |  |  |                                                                                                                                                                                                                                                                                               |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Drawing <input type="checkbox"/>              |  |  |                                                                                                                                                                                                                                                                                               |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Finish <input type="checkbox"/>               |  |  |                                                                                                                                                                                                                                                                                               |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Misread <input type="checkbox"/>              |  |  |                                                                                                                                                                                                                                                                                               |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Turning Sequence <input type="checkbox"/>     |  |  |                                                                                                                                                                                                                                                                                               |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | <b>OTHER :</b> _____                                                                                                                                                               |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |  |                                                                                                                                                                                                                                                                                               |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |  |                                                                                                                                                                                                                                                                                               |  |

90-Start up Operation

|           |   |     |   |
|-----------|---|-----|---|
| D2581     | 2 | 70  | 0 |
| D3914-1   | 2 | 14  | 0 |
| D3914-7   | 2 | 16  | 0 |
| D4016-3   | 3 | 192 | 0 |
| D4018-5   | 9 | 87  | 0 |
| D4020-5   | 1 | 10  | 0 |
| D4021-3   | 1 | 32  | 0 |
| D4035-043 | 2 | 14  | 0 |

### Part Specifications

Specifications could not be found.

Plex 10/10/18 2:44 PM Dart.lajeunesse.marie





DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br>Part No. _____<br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                               | <b>AGAINST DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Thermoforming <input type="checkbox"/><br>Large Fab <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Composite <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging Supplier <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/> |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |               |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | Step #: _____                                                                                                                                                                  |                                               | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | MRB (QSI042) Approval            |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |               |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                                                                                                                                                                                |                                               | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |               |  |
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| <b>FAULT CATEGORY</b><br><table border="1"><tr><td><input type="checkbox"/> Pressure/Forced</td><td><input type="checkbox"/> Temperature/Cure</td><td><input type="checkbox"/> Power Loss/Surge</td><td><input type="checkbox"/> Positioned Wrong</td></tr><tr><td><input type="checkbox"/> Bending</td><td><input type="checkbox"/> Set-up</td><td><input type="checkbox"/> Folio/Program</td><td><input type="checkbox"/> Outside Dimensions</td></tr><tr><td><input type="checkbox"/> Centre Not Concentric</td><td><input type="checkbox"/> BOM/Route</td><td><input type="checkbox"/> Grain</td><td><input type="checkbox"/> Over/Under tolerance</td></tr><tr><td><input type="checkbox"/> Cracks</td><td><input type="checkbox"/> Broken/Damage/Defect</td><td><input type="checkbox"/> Weld</td><td><input type="checkbox"/> Part Incorrect</td></tr><tr><td><input type="checkbox"/> Crimp/Kink/Ripple/Wave</td><td><input type="checkbox"/> Inspection Incomplete/Unqualified</td><td><input type="checkbox"/> Wrong Stock Pulled</td><td><input type="checkbox"/> Part Lost/Missing</td></tr><tr><td><input type="checkbox"/> Cuffs</td><td><input type="checkbox"/> Contamination</td><td><input type="checkbox"/> Out of Sequence</td><td><input type="checkbox"/> Part Moved</td></tr><tr><td><input type="checkbox"/> Crushing</td><td><input type="checkbox"/> Countersink</td><td><input type="checkbox"/> Off-set</td><td><input type="checkbox"/> Drawing</td></tr><tr><td><input type="checkbox"/> Heat Treat</td><td><input type="checkbox"/> Cut Too Short</td><td><input type="checkbox"/> Mislabeled</td><td><input type="checkbox"/> Finish</td></tr><tr><td><input type="checkbox"/> Wave/Twist in Tube</td><td><input type="checkbox"/> Instructions Incomplete/Unclear</td><td><input type="checkbox"/> Fit/Function</td><td><input type="checkbox"/> Misread</td></tr><tr><td><input type="checkbox"/> Marks/Chatter</td><td><input type="checkbox"/> Drill Holes</td><td><input type="checkbox"/> Misaligned/off center</td><td><input type="checkbox"/> Turning Sequence</td></tr></table> |                                                            | <input type="checkbox"/> Pressure/Forced                                                                                                                                       | <input type="checkbox"/> Temperature/Cure     | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Bending | <input type="checkbox"/> Set-up | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Centre Not Concentric | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Grain | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Weld | <input type="checkbox"/> Part Incorrect | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Part Moved | <input type="checkbox"/> Crushing | <input type="checkbox"/> Countersink | <input type="checkbox"/> Off-set | <input type="checkbox"/> Drawing | <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Finish | <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Misread | <input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence | OTHER : _____ |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            | <input type="checkbox"/> Pressure/Forced                                                                                                                                       | <input type="checkbox"/> Temperature/Cure     | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Positioned Wrong |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |               |  |
| <input type="checkbox"/> Bending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program                                                                                                                                         | <input type="checkbox"/> Outside Dimensions   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |               |  |
| <input type="checkbox"/> Centre Not Concentric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                                                                                                                                                 | <input type="checkbox"/> Over/Under tolerance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |               |  |
| <input type="checkbox"/> Cracks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                                                                                                                                                  | <input type="checkbox"/> Part Incorrect       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |               |  |
| <input type="checkbox"/> Crimp/Kink/Ripple/Wave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                    | <input type="checkbox"/> Part Lost/Missing    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |               |  |
| <input type="checkbox"/> Cuffs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence                                                                                                                                       | <input type="checkbox"/> Part Moved           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |               |  |
| <input type="checkbox"/> Crushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set                                                                                                                                               | <input type="checkbox"/> Drawing              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |               |  |
| <input type="checkbox"/> Heat Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Mislabeled                                                                                                                                            | <input type="checkbox"/> Finish               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |               |  |
| <input type="checkbox"/> Wave/Twist in Tube                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function                                                                                                                                          | <input type="checkbox"/> Misread              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |               |  |
| <input type="checkbox"/> Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center                                                                                                                                 | <input type="checkbox"/> Turning Sequence     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |                                                                                                                                                                                |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                  |                                 |                                        |                                             |                                                |                                    |                                |                                               |                                 |                                               |                               |                                         |                                                 |                                                            |                                             |                                            |                                |                                        |                                          |                                     |                                   |                                      |                                  |                                  |                                     |                                        |                                     |                                 |                                             |                                                          |                                       |                                  |                                        |                                      |                                                |                                           |               |  |

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Container No: S122771



Part: D3914 - 041

Job No: 184501

Serial No/Batch: S122771

Revision: A/D

Inspector:

Exp Date:

Instructions: Various STC's

Date: 10/30/18